

## Eligibility

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Household

Number in Household: \_\_\_\_\_

Number of Dependents under 18 and Over 65 yrs: \_\_\_\_\_

Does the client have Housing Subsidy? ☐ Yes ☐ No ☐ Don't Know ☐ Refused

### Family Support:

- |   |  |
|---|--|
| <input type="radio"/> Lack Support, Poss. Abuse/Child Neglect | <input type="radio"/> Low Support or Poor Family Relations |
| <input type="radio"/> Some Support, Family Involvement        | <input type="radio"/> Strong Family or Household Support   |
| <input type="radio"/> Strong, Stable Support Network          |  |

### Education:

In School or Working on Degree? ☐ Yes ☐ No ☐ Don't Know ☐ Refused

Receiving Voc Education or Apprenticeship? ☐ Yes ☐ No ☐ Don't Know ☐ Refused

Highest Education Level Received? \_\_\_\_\_

### Income

Total Monthly Cash HOUSEHOLD Income from all Sources: \$ \_\_\_\_\_

Total Monthly Cash INDIVIDUAL Income from all Sources: \$ \_\_\_\_\_

Receive Non-Cash Benefits? ☐ Yes ☐ No

Active Bank Account? ☐ Yes ☐ No

If Yes, is your bank balance over \$1,500.00? ☐ Yes ☐ No

### Please Mark any that Apply to the client:

- |   |  |   |
|---|--|---|
| <input type="radio"/> Inadequate Income                                 | <input type="radio"/> Increase in Housing Cost | <input type="radio"/> Under 25 with Child or Pregnant |
| <input type="radio"/> Eminent Loss of Housing                           | <input type="radio"/> Credit and Debt Problems | <input type="radio"/> Legal Problems                  |
| <input type="radio"/> Recent Life Trauma (Death, Illness)               | <input type="radio"/> Eviction within 2 weeks  | <input type="radio"/> Major Medical Debts             |
| <input type="radio"/> Pending Foreclosure of Rental Housing             | <input type="radio"/> Prison or Jail Record    | <input type="radio"/> Exiting Foster Care             |
| <input type="radio"/> Inadequate Housing (Over Crowded)                 | <input type="radio"/> Substance Abuse          | <input type="radio"/> Mental Illness                  |
| <input type="radio"/> Domestic and Other Violence or Abuse              | <input type="radio"/> Physical Disability      | <input type="radio"/> Active HIV/AIDS                 |
| <input type="radio"/> Involvement with Child Welfare or Foster Care     |  | <input type="radio"/> Chronic Health Problems         |
| <input type="radio"/> Discharge from Institution Residence within 2 wks |  |   |
| <input type="radio"/> Resident Housing Condemned & Banned from Use      |  |   |

Number of Homeless Episodes during Past Year: \_\_\_\_\_

**Rapid Re-housing Assessment:**

Are you Homeless?

☐ Yes☐ No

\*If no: complete next section

How many days have you been homeless?

Have you been homeless before?

☐ Yes☐ No

How many times have you experienced Homelessness?

Where did you stay Last Night?

**Homeless Prevention Assessment:**

Are you staying at a friend/family members home and been asked to leave?

☐ Yes☐ No

Do you rent an apartment or house and received a notice of eviction?

☐ Yes☐ No

Do you have to be out within the next week?

☐ Yes☐ NoWhat is the reason for you having to leave? \_\_\_\_\_  
\_\_\_\_\_**Do Not Fill out Office Use Only****HPRP Client Eligibility**

1. Client has completed/or completing an initial consultation with Case Manager/Intake Worker to determined appropriateness of HPRP assistance: ☐ Yes ☐ No
2. Client's income is 50% or less of the Area Median Income: ☐ Yes ☐ No
3. Client has been determined to have no other housing options: ☐ Yes ☐ No
4. Client has no financial resources or support networks to obtain or remain in housing. Would be homeless **but for** this assistance. ☐ Yes ☐ No

**HPRP Services Being Received**

City client lives in while receiving HPRP assistance: \_\_\_\_\_

County client lives in while receiving HPRP assistance: \_\_\_\_\_

What is the client's current HPRP goal? (select one):

☐ Goal 1a: Prevention - stabilize in home☐ Goal 2: Reduce length of homelessness☐ Goal 1b: Prevention - re-house immediately☐ Goal 3: Eliminate repeat episodes (if client entered homeless)